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An Evaluation of a Host Responsibility Program

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16. Abstract <p>Research shows that the homes of relatives and friends are second only to public bars and restaurants as sources of alcohol for impaired drivers. An instructional program was developed to encourage and assist hosts in more responsible service of alcohol. The program requires a little over an hour and includes (1) a video presentation describing the magnitude of the drinking-driving problem and offering procedures for effective intervention in the drinking and driving of guests, (2) a discussion of the information provided by the video presentation, and (3) role-playing exercises in which participants practice intervening in the drinking and driving of guests.</p> <p>The Host Responsibility program was evaluated through pre-post administration of knowledge, attitude, and behavior measures to 271 hosts participating in the program. The post-program knowledge and attitude measures were administered immediately prior to completion of the program, while the behavior measure was administered two months following completion of the program.</p> <p>Small but significant improvements in knowledge, attitude, and self-reported behavior were found following completion of the program. Favorable changes in behavior largely involved alcohol service and party-giving practices, and did not include procedures for dealing with intoxicated guests.</p>			
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DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

TECHNICAL SUMMARY

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TECHNICAL SUMMARY

Background

Roadside surveys by Damkot (1977); Donelson, Bierness, and Mayhew (1985); and Palmer (1986) show that the homes of relatives and friends are a significant source of impaired drivers, ranking just behind bars and restaurants, but ahead of one's own home or private gatherings. Such a finding is disappointing in that one might hope relatives and friends would exercise care in seeing that their friends don't drive away in an impaired condition. It would appear that people who serve alcohol to relatives and friends within their own homes constitute an important target for efforts to overcome the drinking-driving problem.

Thus far, attempts to encourage intervention by adults in the drinking of other adults have occurred largely through public information programs. Probably the best known message is "Friends don't let friends drive drunk," which has appeared in posters, bumper stickers, and public service announcements. Efforts to encourage responsible service of alcohol among those who entertain in their own homes have largely taken the form of pamphlets, brochures, and other printed materials suggesting alternatives to alcohol. There has been little formal instruction such as has been provided to support server and youth intervention programs. A study of intervention prospects by Cozzens, Mackintosh, and Ostrove (1983) identified adult peers, including party hosts, as a promising target for efforts to encourage intervention.

Project Objective

The objective of the project described in this report was to develop and evaluate an instructional program intended to encourage hosts to exercise greater responsibility in preventing their guests from impaired driving.

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DEVELOPMENT OF HOST RESPONSIBILITY PROGRAM

The program of host responsibility was developed to aid and encourage social hosts to intervene in the drinking and driving of guests. Since programs focusing upon youth hosts had already been developed and evaluated (McKnight and McPherson, 1985; Hart, et al., 1986), the Host Responsibility Program focused upon the needs of adults. Behavioral objectives included limiting the alcohol consumption of guests, monitoring guest behavior to detect impairment, terminating service to intoxicated guests, and protecting intoxicated guests from harming themselves and others.

The Host Responsibility Program consisted of the following:

Introduction (5 minutes)--A brief description of the drinking-driving problem and the importance of being a responsible host.

Presentation (20 minutes)--A video presentation encompassing all of the behavioral objectives.

Discussion (20 minutes)--A group discussion of host responsibilities as well as methods for preventing impairment and detecting impaired guests.

Role-Playing (25 minutes)--Participant role-playing using scenarios involving intervention with impaired guests.

Summary (5 minutes)--A brief summary of material covered and encouragement to put it into practice.

Evaluation Methods

The Host Responsibility Program was evaluated through administration to 271 volunteer participants administered at eight locations across the country. Administration of the program was handled by volunteers generally representative of the type of individual who would be expected to administer the program in operational use.

Prior to administration of the program, participants were given a knowledge test, an attitude measure, and a self-report behavior inventory. The knowledge and attitude measures were readministered immediately following the completion of the program, while the self-report behavior inventory was readministered through the mail some two months following administration of the program. Some 53% of the original participants completed the followup behavior reports.

Results

Participants in the Host Responsibility Program evidenced statistically significant gains in knowledge ($t = 5.52$; $p < .001$), shifts toward more responsible attitudes ($t = 10.59$; $p < .001$), and changes in the direction of more responsible behavior ($t = 3.27$; $p < .001$). The attitudes showing the greatest shifts were those concerned with the believed effectiveness of

intervention ($t=12.27$; $p<.001$) and the advantages of intervening ($t=8.17$; $p<.001$). Participants showed no shift in attitudes concerning the importance of intervention, possibly because they were already strongly convinced of its importance before the program began.

Behavior changes were primarily those concerned with the service of alcohol ($t = 3.41$; $p<.001$) and party-giving practices ($t = 2.54$; $p=.01$). Non-significant changes were reported with respect to taking care of intoxicated guests or making advanced arrangements to prevent the impaired driving of guests.

There were significant differences among the various groups with respect to attitudes and behavior both prior to and following the program. However, the amount of change in attitude and behavior did not differ significantly from one location to another.

Conclusions

Based upon the results obtained from the field test, the following conclusions were reached:

1. A program of Social Host Responsibility is capable of yielding small but significant changes in knowledge of, attitude toward, and behavior involving intervention in the drinking and driving of one's guests.
2. Changes in behavior do not encompass all aspects of intervention, but are more likely to affect alcohol service and party-giving practices rather than ways of dealing with intoxicated guests.
3. While there are significant group differences in alcohol intervention attitudes and behavior, both pre-program and post-program, there are no significant differences among groups in the extent to which attitudes and behaviors change as a result of the program.

INTRODUCTION

Roadside surveys by Damkot (1977) and by Donelson, Bierness, and Mayhew (1985) and Palmer (1986) show that the homes of relatives and friends are a significant source of impaired drivers, ranking just behind bars and restaurants, but ahead of one's own home or private gatherings. Such a finding is disappointing in that one might hope relatives and friends would exercise more care in seeing that their friends don't drive away in an impaired condition. It would appear that people who serve alcohol to relatives and friends within their own homes constitute an important target for efforts to overcome the drinking-driving problem.

Drinking-Driving Intervention

Attempts to reduce the incidence of alcohol-impaired driving by encouraging intervention in the drinking and/or driving by others have become a major part of the anti-drunk driving effort in recent years. Such efforts enjoy significant advantages over appeals to drinking drivers themselves in that they don't depend upon rational decisions by those whose judgment is already impaired by alcohol. Efforts have involved both educational and legal approaches.

Educational Efforts

Up to the present time, efforts to encourage intervention have focused primarily upon two groups: servers in establishments licensed to sell alcohol, and school-age youth, primarily of high school and college age.

Server intervention programs have been described by Mosher (1983) and Saltz (1987) and are the focus of a report which forms a companion to this one (McKnight, 1987). A major obstacle to the effectiveness of server education programs is the extent to which they are perceived by servers and managers as conflicting with the more fundamental need to give customers what they want. Participation in such programs has been most prevalent in States and localities where dram shop laws create a perception of possible loss in damage suits caused by intoxicated patrons.

Youth-oriented programs have been described by Goodstadt and Caleekal-John (1984), Mann, et al. (1986), and McKnight (1986). These programs owe their existence primarily to the availability of a large and effective delivery system--high schools and colleges. In addition to providing information and education, school programs often include direct environmental manipulation through such measures as scheduling alcohol-free events, providing ride services and prohibiting or limiting service of alcohol.

Up to the present time, attempts to encourage intervention by adults in the drinking of other adults have occurred largely through public information. Probably the best known message is "Friends don't let friends drive drunk," which has appeared in posters, bumper stickers, and public service announcements. Efforts to encourage responsible service of alcohol among those who entertain in their own homes have largely taken the form of

pamphlets, brochures, and other printed materials suggesting alternatives to alcohol. However, there has been little formal instruction such as has been provided to support server and youth intervention programs. A study of intervention prospects by Cozzens, Mackintosh, and Ostrove (1983) identified adult peers, including party hosts, as a promising target for efforts to encourage intervention.

Legal Efforts

Most hosts are very reluctant to intervene in the drinking of their guests. This is evident in the number of people who become intoxicated in other people's homes. The reluctance to intervene is particularly acute among adults where the attitude "He's an adult, he can take care of himself" becomes an excuse for not intervening. In the eyes of the typical host, a guest's resistance to intervention is certain while the prospects of their being in an automobile accident are remote.

It is possible that the threat of legal liability for the actions of intoxicated guests might overcome reluctance to intervene. It is evident that much of the motivation behind participation of licensed establishments in server education programs is fear of financial loss and lawsuits. A study of server education described in the companion report to this one provides some indirect evidence to that effect.

Unlike dram shop law, which traces its origins to the 19th Century, laws holding social hosts responsible for the consequences of alcohol service to intoxicated guests is quite recent. At the present time, 12 States have such laws, 7 by statute and 5 by case law. In addition, 4 States have laws holding social hosts responsible for damage resulting from service to minors and 4 States have cases that may set possible precedence for recovery from social hosts. In those States having favorable statutory or case law, the threat of recovery against hosts who serve alcohol responsibly can be used as an incentive to encourage both participation in instructional programs and application of the intervention procedures that these programs deal with.

Project Objective

The objective of the project described in this report was to develop and evaluate an instructional program intended to encourage hosts to exercise greater responsibility in preventing their guests from impaired driving.

DEVELOPMENT OF HOST RESPONSIBILITY PROGRAM

Development of the Host Responsibility program described in this report was a highly iterative process. Several versions of the program were developed and tried out with groups of prospective hosts during a period extending over a year. The audiovisual presentation was originally prepared in slide-cassette format to permit it to be substantially edited between iterations. It would be of little value to describe each step in the development process. Instead, this section will describe the program in its

final form describing earlier versions of the program only where doing so helps in understanding why the program took the form that it did.

Target Audience

Since the content and method of any informational or instructional program needs to be tailored to its intended audience, the first step was to identify the most appropriate audience for a host responsibility program. The first decision involved a choice between adult and youth hosts. Youth were certainly an appropriate target, given the high involvement of young people in drinking-driving crashes. However, information and education programs focusing upon youth hosts had already been developed and evaluated (McKnight and McPherson, 1985; Hart, et al., 1986). Moreover, youth programs appear most effective when they attempt to modify the school environment as well as the behavior of individual youth. Attempts to manipulate the environment were outside the scope of the present project. Given these considerations, it appeared that the need to develop an instructional program seemed much greater at the adult level.

Within the adult population, the program was initially directed toward adult hosts in the organized group setting. The strategy was to exploit an organization's concerns for its group liability as a means of gaining its participation and then attempt to extend the instruction in intervention techniques to private homes. This turned out to be a mistake. Those participating in the program during early pilot testing were almost unanimous in expressing the belief that intervention procedures would be more widely employed by individual hosts in their own homes than by organizational hosts at group events. In the group setting, the "you pays your money and takes your choice" policy makes it difficult to regulate the drinking of the membership. However, the authority of private hosts to control the flow of alcohol in their own homes was not questioned. The program was, therefore, totally revised to shift the emphasis from group events to private parties.

Objectives

A set of behavior, knowledge, and attitude objectives appropriate to a program for the target audience, adult private hosts, was formulated. These objectives are summarized on the next page.

BEHAVIOR OBJECTIVES

Limiting Alcohol Consumption

- Serve alcohol alternatives
 - Non-alcoholic beverages
 - Low alcohol beverages
- Control alcohol service
 - Service by host
 - Service by bartender
- Measuring drinks
- Serve food
 - Type
 - Availability
- Promoting activities

Monitoring Impairment

- Observing behavior
- Counting drinks

Terminating Service

- Recognizing intoxicated guests
- Preventing service
- Offering alternatives

Protecting Intoxicated Guests

- In advance
 - Designated driver
 - Arranging transportation
 - Arranging accommodations
- At the time
 - Preventing driving
 - Providing accommodations
 - Providing transportation
 - Disabling vehicle

KNOWLEDGE OBJECTIVES

Magnitude of the Problem

- Alcohol-related deaths/injuries
- Involvement of private parties

Effects of Alcohol

- Body
- Behavior
- Driving
- Accidents

Blood Alcohol

- Drinks
 - Number
 - Type
- Time
- Weight
- Rate of elimination
- BAC estimation

Signs of Intoxication

- Procedures (see Behavior Objectives)
- Limiting alcohol consumption
- Monitoring impairment
- Terminating service
- Protecting intoxicated
 - Guests

ATTITUDE OBJECTIVES

Recognizing Magnitude of Problem

Accepting Host Responsibility

- To protect guests
- To protect public

Willingness to Intervene

- Providing alcohol alternatives
- Regulating alcohol service
- Terminating alcohol service
- Preventing driving

The sources of information used in arriving at appropriate objectives were:

Host Information Materials--A number of brochures and pamphlets dealing with responsible party-giving provided information that was very useful in identifying topics appropriate for an instructional program.

Server education--Several programs developed to encourage responsible alcohol service among servers in bars and restaurants were surveyed for topics applicable to the home setting.

Audience response--People participating in pilot tests of the early versions of the program offered valuable suggestions regarding additional areas that needed to be included.

The number of objectives that could be effectively addressed in the host responsibility program was constrained by the amount of time most people would be willing to make available for a program dealing with their responsibilities in the service of alcohol. These limitations precluded an attempt to address objectives related to such peripheral areas as alcoholism, history of alcohol, recipes for non-alcoholic beverages, rehabilitation or treatment of alcoholics and DWIs, and a variety of other alcohol-related topics. While very worthy topics, their inclusion among objectives would have produced a program too lengthy to be marketable.

Administrative Requirements

The most likely system for delivering a host responsibility program was expected to be organizations whose mission or constituency made them receptive to a program dealing with social responsibilities. Such organizations might include employers, service clubs, professional and trade associations, and certain recreational groups whose meetings often feature informational programs. However, effective use of this delivery system imposed a number of administrative requirements.

Course Length--To be acceptable to most groups, length of the host responsibility program would have to be limited--certainly not much more than an hour. The program would also have to be flexible, allowing worthwhile elements to be taught in as little as half an hour when no more time could be provided.

Personnel--The program could not count upon the availability of experienced instructors, but would have to be capable of effective administration by almost any interested party within a sponsoring group.

Cost--Organizations willing to give the program could not be counted upon to pay much, if anything, for it. Even agencies that fund highway safety programs aren't likely to allocate very large amounts to the purchase of materials for but one program.

Instructional Methods

One requirement of any instructional program intended for an adult audience is the use of interactive instructional methods. Probably the single most important--and least disputable--principle of adult learning is the need to give participants an opportunity to talk as well as listen. Unlike their youthful counterparts, adults are not used to sitting still for long periods of time and being lectured to. Without an opportunity to interact, they tend to lose interest.

The need for interaction is particularly acute in a program that is intended more to shape attitudes than to develop knowledge. The purpose of the host responsibility program is not so much to enable participants to do things that they couldn't do before as it is to alter the way in which they do things they are currently doing. Instructional methods employed included:

- o Presentation
- o Discussion
- o Role playing

Presentation

While the focus of the program was upon development of more responsible attitudes toward the service of alcohol, there was a good deal of information to be communicated. Most of it involved procedures for keeping guests from becoming too impaired to drive, or driving after they had become impaired.

Recognizing that the course would not be taught by experienced teachers, it seemed best to place the burden of communicating information on an audiovisual presentation. Actually, this need was not apparent at the outset. Initially, the audiovisual program was used primarily to create situations to which participants could react. Audiovisuals described a problem and participants were to provide the solution. This "trigger film" approach was considered inappropriate by early audiences who thought they had more to learn from a good audiovisual program than from one another. They recommended that the presentation be used to demonstrate the procedures for effective intervention making extensive use of graphics to provide factual information about alcohol (e.g., drink equivalents). In its final form, the AV presentation was primarily information-giving, using social scenes primarily to support information provided through the narration.

Video was selected over slides as a medium of presentation because of the dynamic character of the primary content--intervention procedures. Video was selected over motion picture film for two reasons:

- o The unit cost of prints is a fraction of that for motion pictures, particularly when organizations duplicate their own copies.

- o The membership of most organizations can generally come up with a VCR and TV set, while only a minority would have access to a sound motion picture projector.

The audiovisual presentation is a professionally-produced, 20-minute video entitled, "The Life of the Party--Keep it Alive." The title corresponds to a brochure previously developed and distributed by NHTSA.

Discussion

Presentation of the video was followed by a 20-minute discussion of its contents. The discussion allowed participants to air their concerns about intervention as well as contribute intervention techniques of their own. The purpose of the discussion was not primarily informational, but rather attempted to develop attitudes conducive to intervention by (1) dealing with issues that are potential obstacles to intervention, (2) convincing participants that intervention is both morally necessary and socially acceptable, and (3) getting participants to verbally commit themselves to intervention.

Role-Playing

A major bar to effective intervention by hosts is fear of confrontation. People invite friends into their homes in order to enjoy their company, and attempting to keep them from drinking or driving is not particularly enjoyable. Role-playing has been widely used to help people overcome fear of confrontation by allowing them to experience simulated confrontation under controlled circumstances.

The benefits of role-playing extend beyond those derived from experiencing confrontation. Role-playing provides a way of demonstrating intervention techniques in a way that offers more flexibility than scenes displayed in audiovisual production. Observers can comment, make suggestions, and see the results applied. The discussions that surround the role-playing can be as valuable as the role-playing experience itself.

While role-playing is potentially valuable as an instructional method, its application to the Host Responsibility program was somewhat problematic. First, giving each participant an opportunity at role-playing intervention adds greatly to the length of the program. For classes of any size, it would be necessary to subdivide the classes into smaller groups, making it necessary to have additional moderators and additional space. Secondly, running effective role-playing exercises and leading informative critiques requires a modicum of skill on the part of the moderator. Few sponsoring organizations would be able to provide people with experience in role-playing, either as readers or participants.

Despite the potential problems associated with its use, role-playing was made a part of the Host Responsibility program--not as an "option", but as a regular part of the program. It was assumed that, in situations where role-playing could not be given due to time pressures, lack of qualified personnel, or the unwillingness of the audience to participate, sponsors

would feel free to delete it without any encouragement from the instructor guide.

Program Materials

Materials making up the Host Responsibility Program include an Instructor Guide and a 20-minute video. A copy of the Instructor Guide and the video shooting script appear as Appendices A and B to this report. As is evident from the shooting script, the video is the primary medium of information presentation, encompassing all of the content needed to meet knowledge objectives. The primary purpose of the Instructor Guide is to provide guidance in moderating discussions and leading role-playing exercises. To help in moderating discussions, the Guide provides a number of questions that can be used to stimulate discussion. On the whole, however, the discussion is expected to follow issues raised by participants.

Guidance in role-playing includes both procedures for role-plays and scenarios to create role-playing situations. The scenarios have been devised to create a wide range of interventions. The instructors are encouraged to modify the specifics to fit local situations and even to create scenarios dealing with situations that are not covered by those provided in the Guide.

In many instructional programs, role-playing scenarios are printed and handed out to participants. Printed scenarios are certainly advantageous in a school situation, where moderators have access to copy equipment to reproduce the scenarios in required quantities. Elsewhere, however, the printing cost, the inconvenience of handing them out, and the inability to adapt pre-printed scenarios to local situations, made them inappropriate for the Host Responsibility program.

Pilot Testing

The Host Responsibility Program was pilot tested in four distinct phases during the period January 1986-February 1987. The purpose and result of each pilot test may be summarized as follows:

<u>Test</u>	<u>Purpose</u>	<u>Result</u>
1	Assess approach	Change focus from organizational hosts to individual hosts
2	Assess general content, organization, format	Change from "trigger" scenes to information presentation
3	Assess content	Substantial changes in narration and dialogue
4	Final assessment	Minor changes in narration and dialogue

The audience in each case consisted of volunteers from professional, trade, service, recreation, and employment groups. Invitations to critique

the program (rather than participate in it) produced the highest response. Of course, in order to critique it, one had to participate in it. The procedure was to pause for a discussion and critique after each of the three program phases.

Later pilot tests focused primarily upon specific content of the video. Participants were given a rating sheet which divided the program into 14 segments and called for specific criticisms of each segment. Pilot tests were held in two geographical areas: Washington, D.C., the headquarters of NPSRI, and Lafayette, Louisiana, where the staff paid frequent visits to monitor a field test of the Server Education Program.

FIELD TEST

The final version of the Host Responsibility Program was field tested by its administration to some 271 volunteer participants. The objective of the field test was to provide an assessment of the effectiveness of the Host Responsibility Program in improving knowledge about, attitudes toward, and behavior involving intervention in the drinking and driving of guests. The assessment involved an evaluation of the overall program rather than an attempt to diagnose its specific strengths and weaknesses. Given the extensive effort that had gone into developing the program, and the costs involved in preparing the video presentation, further modifications of the program were not contemplated, except as necessary to overcome clear deficiencies.

Field Test Design

The design of the field test involved administering knowledge, attitude, and self-report behavior measures to groups of adults prior to and following their participation in the Host Responsibility Program. Pre-post differences were expected to provide a measure of the effectiveness of the program.

No control groups were employed. It would have been extremely difficult to assemble comparable groups of hosts to take pre-tests and post-tests without the benefit of any program. One cannot solicit subjects, divide them randomly into treatment and control groups, and then simply dismiss the control group after taking tests. However, to help control for effects that might have occurred simply through participation in an alcohol program, some items from the self-report behavior measure were administered to a group of 72 adults participating in an alcohol intervention program that was aimed at encouraging parents to intervene in the drinking and driving of their offspring rather than intervention with guests.

Field Test Sample

The field test was carried out in several sites across the country where individuals and groups had volunteered to administer the program. Volunteers were offered an opportunity to administer the program, with payment of an honorarium, provided that the following conditions were met:

- o Participants had to be generally representative of social hosts who serve alcohol, excluding:

- Members of groups that actively promote abstinence (and are therefore unlikely to serve alcohol at their own social events).
 - Alcohol safety activists or professionals (who are likely to be already favorably disposed to host intervention, making it difficult to evidence any change).
 - Groups not of drinking age or otherwise unlikely to host parties.
- o Groups had to be of sufficient size (at least 12 subjects) to make administration of the program worthwhile.

Prospective program administrators were required to provide a description of the size and character of any group before they could administer the program. Administering the program were eight organizations in Arkansas (2), Texas, Washington, Louisiana, Florida, Delaware, and Rhode Island.

Evaluation Measures

Evaluation of the social host program was carried out using the following paper-pencil measures:

- o Knowledge test
- o Attitude measure
- o Self-report behavior inventory

Copies of these tests appear in Appendix C.

Obviously, a more valid assessment of the program would be obtained if it were possible to observe the actual intervention behavior of program participants before and after the program, as was done in evaluating the server education program. However, there is no practical means by which data collectors could enter private homes without the knowledge of hosts in order to observe and record their normal behavior. Paper-pencil measures offered the only means of evaluation.

Knowledge Test

Multiple choice test items were used to assess information gain. Multiple choice items had the advantage of (1) permitting a high rate of information assessment per unit time, (2) a high degree of objectivity and measurement reliability, (3) minimum susceptibility to response biases, and (4) ease of scoring and analysis.

The content for knowledge test items was drawn from the information presented in the video. Many multiple choice items dealing with the same content were previously developed by NPSRI under previous NHTSA projects (McKnight, et al., 1979; McPherson, et al., 1983). Ten items that matched up with the informational content of the social host video were applied to

the knowledge measure. Making use of already available questions had the advantage of (1) reducing the time and cost of developing measures, (2) providing items of proven discriminability, clarity, etc., and (3) having available item statistics to allow development of equal forms for pre- and post-testing. Additional test items were developed to cover knowledge areas and points of information not assessable through available items.

Readministration of the same knowledge test can distort measurement of knowledge gains. Taking a pretest tends to sensitize people to the information covered by the pretest such that, when the same information is encountered in an instructional program, it becomes more salient and therefore more likely to be learned. As a result, readministration of the same item will tend to produce an overestimate of knowledge gain.

To overcome the readministration problem, different forms of a knowledge test were given in two administrations. Using statistics gained in earlier pilot tests of measures, the ten items were to be apportioned between two forms so as to render them equivalent with respect to level of difficulty. To guard against the possibility that small residual differences in difficulty might bias the comparison, the test forms were split such that, on both pre-test and post-test, half of the participants received Form A and half received Form B. Those who received Form A on the pre-test received Form B on the post-test, and vice versa.

Attitude Measure

The type of attitude measure employed was one that presented subjects with a series of opinions relating to a particular issue. Each opinion reflected a somewhat different belief and together they constituted a scale from favorable to unfavorable regarding the issue. The scalar type of item enjoys two advantages over the Likert type of item in which subjects express degrees of agreement with a single opinion. First, it is more efficient in that one scalar item does the work of several Likert items. Secondly, it avoids confounding the nature of an opinion with the strength of feeling about it.

A set of scalar items assessing attitudes toward host intervention were administered to a sample of adult hosts. The results from this pilot test were analyzed with respect to the following item characteristics:

Frequency--Were all alternative responses selected? Alternatives that drew no response were replaced by less extreme, more attractive alternatives.

Part-Whole Relationship--If various responses to an item are truly scalar, and if the entire battery measures single definable characteristics, the overall scores of people selecting each alternative response should increase monotonically as one progresses from the least responsible to the most responsible alternative. Where this relationship did not prevail, alternatives were re-written or re-ordered.

Behavior Self-Reports

The usual objection to self-reports involves concern that informants will tend to report socially desirable behavior rather than behavior that actually occurred. However, in the drinking-driving area, this fear is somewhat assuaged by research in which self-reports of changes in the behavior making up program objectives were found without accompanying changes in other behavior that was equally socially desirable (McPherson, et al., 1983). In a similar vein, a study by McKnight, et al. (1986) showed that individuals receiving different instructional programs reported favorable changes only with respect to the behaviors for which they were trained and not other socially desirable behaviors.

The behavior self-report measures used items in which respondents scaled alternatives in terms of the degree of intervention involved. Two types of scales employed were quantitative and qualitative.

In the quantitative type of item, respondents were presented with a situation providing an opportunity to intervene and called upon them to report on the frequency with which they actually intervened. An example of the quantitative type of item for host behavior is:

How often do you have organized activities (e.g., games) at your parties?

- a. Never b. Sometimes c. Often d. All the time e. Not applicable

In the qualitative type of item, respondents were presented with an opportunity for hosts to intervene and asked to describe their characteristic behavior. For example, a quantitative type of item for the behavior self-report would be:

Under what conditions would you try to keep someone from driving home?

- a. If they are drunk
b. If they are impaired by alcohol
c. If they are in any way affected by alcohol
d. If they've had anything alcoholic to drink
e. Not applicable

Some people had not been exposed to opportunities for intervention of the nature described in a particular test item. An additional "not applicable (n/a)" alternative was provided for such situations. Results from a pilot test administration were analyzed, and revisions made, in the same manner as the attitude measure.

Administration of Program

The Social Host program was sent to the eight organizations agreeing to administer the program. No attempt was made to assess the qualifications of the instructors or the manner in which the program was given. The program was designed so as to be capable of administration by almost anyone desiring to give it. A program that could be taught only by a qualified teacher was

unlikely to reach very many hosts. The program's outreach depended upon its being given by volunteers. The types of individuals who volunteered to participate in the field test are probably fairly representative of those for whom the program would be given in ordinary use.

The video program and moderator's guide were sent to field test administrators meeting the criteria described earlier as soon as they could assure at least one class. Along with the instructor materials were sent all pre-test measures as well as the post-test knowledge and attitude measures. Telephone calls were placed to the field test administrators to make sure that they understood the procedures to be employed.

As an inducement to participate in the field test, sponsoring individuals and organizations were permitted to retain the materials. Administrators were also offered a fee of \$50 per session of 12 or more participants in appreciation for the time it took them to make the necessary arrangements, give the program, administer the evaluation measures, and return them.

Administration of Evaluation Measures

The attitude and behavior measures along with one form of the knowledge measure were administered to all participants at the time they showed up for the presentation and prior to its beginning. Pre-test measures were designed to permit administration within 15 minutes so as not to risk losing the cooperation of administrators and participants. All participants filled out a cover sheet providing their names and addresses.

Following completion of the program, participants completed the opinion measure again along with the alternative form of the knowledge test. Upon completing the post-test, they turned it in to the administrator and the administrator forwarded cover sheets and tests to the project staff.

Two months after completing the program, all participants were sent followup self-report questionnaires. Two months were needed to allow opportunities for intervention that could be reported upon. Of the 271 participants in the program, 143 (53%) returned completed behavior self-reports. Two waves of followup questionnaires were needed to obtain this level of response.

RESULTS

Results will be described separately for knowledge, opinion, and behavior measures.

Knowledge

All 271 participants in the program completed pre- and post-knowledge tests. The results of the pre-post comparison appear in Table 1.

TABLE 1

PRE-POST COMPARISONS OF KNOWLEDGE TESTS
FOR PARTICIPANTS IN THE HOST RESPONSIBILITY FIELD TEST

Test	Mean	Standard Deviation	Number	T	Probability
Knowledge Pre-test	2.88	1.17	271	5.52	<.001
Knowledge Post-test	3.44	1.30			

Participants in the Host Responsibility Program evidenced a significant gain in knowledge concerning informational elements of the program. The magnitude of the gain was rather small, representing an improvement of from 56.6% items correct to 68.8% correct. Expressed as a proportion of the distribution of scores, it represents a gain of .48 standard deviations, meaning that the mean score on the post-test corresponded to the 68th percentile of the pre-test. Probably the most accurate summary is that participants knew very little about alcohol and its effects before the program began and did not know much more after it was over.

The correlation between pre-test and post-test scores was low (.10) and statistically non-significant. The pre-test score was no predictor of post-test score, meaning that the knowledge gain varied considerably from one person to another. This tends to be characteristic of knowledge test scores in an area where people cannot be expected to have much advance knowledge and the distribution of pre-test scores is largely the result of chance (e.g., guessing).

Attitudes

Results from administration of the attitude measure immediately prior to and following the program are shown in Table 2.

TABLE 2

PRE-POST COMPARISONS OF ATTITUDE TESTS
FOR PARTICIPANTS IN THE HOST RESPONSIBILITY FIELD TEST

Test	Mean	Standard Deviation	Number	T	Probability
Attitude Pre-test	31.38	4.14	*	10.59	<.001
Attitude Post-test	34.05	3.73	239		

* 32 participants failed to answer either the pre-test or post-test completely and their test could not be scored.

The attitude test scores were arrived at by assigning weights to the four alternatives such that "1" was assigned to the least favorable and "4" to the most favorable attitude toward alcohol intervention. Assessing the gain in terms of the mean distribution, we find it is equal to a .65 standard deviation, meaning that the post-test mean was equal to the 74th percentile of the pre-test distribution. To the extent that one can make comparisons, it appears that there was a somewhat greater shift in attitudes than in knowledge.

The correlation between pre- and post-test scores on the attitude measure was .51, a highly significant correlation ($p < .001$). This means that the shift in attitude was relatively more constant across participants than was the gain in knowledge. While participants may have lacked knowledge about the items of information that were presented in the course, they did not lack opinions. Those participants' relative standing following the course was similar to that of the beginning, except that there was a general shift toward more favorable opinions.

In order to examine the manner in which opinions change, an attempt was made to identify groups of opinions forming attitude subscales rather than examining each opinion item individually. A factor analysis was performed on pre-test and post-test scores. For both sets of results, the factor analysis produced four factors in which the ratio of "between" variance to "within" variance (i.e., Eigenvalues) was more than 1. While the loadings of individual items on the three factors varied somewhat from pre-test to post-test administration, the items having the highest loading on each of the three factors were largely the same across the two data sets. In resolving discrepancies between the two data sets, the content of the items in question was examined to see which group of other items it most closely resembled. The factors formed in this manner, and the items making up each factor, were as follows:

<u>Factor</u>	<u>Items</u>
Importance of intervention	2 - safety and alcohol consumption 6 - concern for safety of impaired friends 7 - host responsibility if there is an accident 8 - when guests should be stopped from drinking
Effectiveness of intervention	3 - effect of pushing food 4 - effect of intervention on friendship 5 - effectiveness of activities
Advantages of intervention	1 - feeling the effects of alcohol 9 - sobriety and fun 10 - intervention and popularity

Highly significant shifts toward more favorable attitudes were found in the case of "effectiveness" of intervention ($t=12.27$; $p<.001$) and "advantages" ($t=8.17$; $p<.001$). However, there was a negligible shift in attitude toward the importance of intervention ($t=1.76$; $p=.08$).

It would be unwise to view the factors as representing any fundamental "dimensions" of attitude. Rather they should be simply viewed as categories of opinions that are both logical and empirical groupings. The absence of any shift in attitude concerning the importance of intervention may not reflect unfavorably upon the program, but rather indicate fairly positive attitudes toward the seriousness of the problem to begin with. It is quite likely that the participants' views as to the seriousness of the drinking-driving problem had a lot to do with their willingness to participate in the first place. In a program that reached a wider segment of the population, including those not so convinced of the need to intervene, significant change might be expected in that area as well.

Behavior

Results obtained from the 143 participants who returned the followup self-report behavior measures are presented in Table 3.

TABLE 3
PRE-POST COMPARISONS OF BEHAVIOR TESTS
FOR PARTICIPANTS IN THE HOST RESPONSIBILITY FIELD TEST

Test	Mean	Standard Deviation	Number	T	Probability
Behavior Pre-test	2.67	.50	143	3.27	<.001
Behavior Post-test	2.82	.54			

Scores on the behavior measure were obtained by assigning the values 1-4 to the alternatives, with "1" corresponding to the behavior showing the least intervention and "4" to the behavior showing the most intervention. Since the behavior self-report allowed participants to select "not applicable" as a response to situations they did not encounter, the number of items scored varied from one participant to another. An overall score was obtained by summing the points obtained for each item and dividing by the number of items that was answered. The means in the table are, therefore, the average scores on individual items. It was very evident that changes in behavior were relatively small compared with changes in knowledge or opinion. The difference between pre- and post-test means was only .3 standard deviations, meaning that the mean score on the post-test was only at the 62nd percentile of the pre-test. While the difference was highly significant, the significance is attributed more to the large sample involved less than to the magnitude of change.

To see if there were differences among categories of behavior, the behavior self-report was factor analyzed in the same manner as was the opinion measure. Combining the results of the pre-test and the post-test, the following factors emerged:

<u>Factor</u>	<u>Behaviors</u>
Care of intoxicated guests	4 - Intoxicated guest who wants to leave
	7 - Putting up an intoxicated guest for the night
	8 - Driving an intoxicated guest home
	10 - Checking to see if a guest is becoming intoxicated
Party-giving practices	12 - Preventing an intoxicated guest from driving
	1 - Parties where alcohol is served
	2 - Who supplies the alcohol
Service of alcohol	9 - Providing food
	11 - Cutting off service
	13 - Who does the serving
	14 - Measuring drinks
Making advanced arrangements	15 - Keeping track of drinks
	3 - Organizing activities
	5 - Arranging transportation
	6 - Arranging overnight accommodations

The most sizable and statistically most significant changes were reported in behavior concerned with the service of alcohol ($T=3.41$; $p=.001$) and party-giving practices ($T=2.54$; $p=.01$). Negligible and statistically non-significant changes were reported with respect to care of intoxicated guests ($T=.29$; $p=.20$) and making advanced arrangements ($T=.49$; $p=.62$).

There is no clearcut explanation for the differences in categories of behavior in the data. It is possible, however, that with changes in party-giving practices and the service of alcohol, participants in the program have relatively little need to make advanced arrangements to prevent impaired driving or to have to take care of intoxicated guests. These are, however, merely speculations.

A question might legitimately arise as to the representativeness of findings obtained from only slightly more than half of the people who participated in the Host Responsibility Program. Some insight into this issue can be gained by comparing the pre-test behavior measures for those who returned questionnaires and those who did not. The mean pre-behavior score of 2.67 for those returning questionnaires, given earlier, is very close to the mean of 2.73 for pre-test scores of those failing to return questionnaires. The difference is statistically non-significant ($T=.82$; $p=.41$). While those who were cooperative enough to return questionnaires may well differ in many ways from those who did not, the differences do not appear to relate to their alcohol service practices prior to the program.

Group Differences

The 271 participants making up the field test subject sample were taught in 18 different classes. It is quite possible that differences in the quality of instruction or in the receptivity of the groups could produce substantial differences in the ability of the program to alter knowledge levels, attitudes, or behavior. If such an interaction between the program's effects and the groups were observed, our ability to generalize the results of the field test to other groups at other times would be limited.

To test for the interaction between program effects and groups, a factorial analysis of variance was performed on knowledge, attitude, and behavior scores. No significant interaction occurred. The F ratios for knowledge, attitude, and behavior were, respectively, 1.48, .32, and .76, all well within random variations. Only the knowledge results were even close to significant. This result indicates that the effectiveness of the program was not dependent upon groups to which it was taught.

Interestingly, significant differences among groups were found for the attitude measure ($f=3.00$; $p<.01$) and behavior ($f=3.11$; $p<.01$). There were apparently significant differences among the groups in their opinions and behavior both before and after the program was administered. This is not surprising given the geographical dispersion of the groups. However, these differences do not apparently influence the ability of the program to alter opinions or behavior.

DISCUSSION AND CONCLUSIONS

It would appear from the results that have been reported that the Host Responsibility Program is capable of having small but statistically significant effect upon the knowledge levels, attitudes, and behavior of hosts relative to the service of alcohol to their friends and relatives.

The changes wrought by the program do not appear to extend across intervention generally but rather encompass only certain forms of intervention. While it is difficult to characterize these forms in a few words, it seems as though the favored forms of intervention were those that did not involve having to deal with intoxicated guests.

While the results may not generalize across the various forms of intervention, they do seem to generalize fairly well across hosts. The moderately high pre-post correlations observed for both the attitude and behavior measures suggest that what improvement occurred was achieved through small changes in large numbers of hosts rather than large changes in a few hosts.

To anyone who has had experience in evaluating training outcomes, the changes achieved in the Host Responsibility Program must seem puny indeed. However, most training programs do not come up against the barriers to change that an alcohol intervention program does. The attitudes that make most adults very reluctant to confront their guests are deeply rooted. It would be very optimistic to expect a sizable change to occur on the basis of a one hour instructional program.

It is clear from the declining involvement of alcohol in highway fatalities that public attitudes toward drinking have undergone significant change over the past several years. Yet, it is unlikely that this change occurred as the result of single experiences. More likely it was the result of experiences stretching over long periods of time. First of all, it takes time to change the public perception of drinking and driving from that of a minor human frailty with comic overtones to that of a serious and potentially tragic antisocial act. Second, the importance of peer influences to social change means that successful efforts must be advanced across a broad front.

What all this means to host intervention is that we should not expect socially significant changes to result from its one time exposure to individual groups. Rather, the program should be viewed as but one element of a national effort to bring about host responsibility, an effort that may not show significant payoff until society at large has had a chance to be exposed to, and get used to, the idea that those who serve alcohol must be prepared to assume responsibility for what it may do to those who consume it.

Based upon the results obtained in this study, we may conclude the following:

1. A program of Social Host Responsibility is capable of yielding small but significant changes in knowledge of, attitude toward, and behavior involving intervention in the drinking and driving of one's guests.
2. Changes in behavior do not encompass all aspects of intervention, but are more likely to affect alcohol service and party-giving practices rather than ways of dealing with intoxicated guests.

While there are significant group differences in alcohol intervention attitudes and behavior, both pre-program and post-program, there are no significant differences among groups in the extent to which attitudes and behaviors change as a result of the program.

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APPENDIX A - MODERATOR'S GUIDE
HOST RESPONSIBILITY PROGRAM

OVERVIEW

This program is designed to encourage host responsibility, to enable hosts entertaining in their own homes to intervene in the drinking and driving of their guests.

PLANNING

Site: The room should be of appropriate size for the number of people and for the role-playing scenarios.

Equipment: The TV screen should be sufficiently large to be viewed easily by participants. The film will be on VHS format.

PROGRAM

Introduction: (5 minutes) Explain the reasons for the presentation, covering the following points:

- Alcohol is involved in half of the highway fatalities.
- Drunken driving accidents claim close to 25,000 lives a year.
- About half of the people killed in drunken driving accidents had been drinking in someone else's home.
- In the past, efforts to combat drunk driving have focused upon drunk drivers themselves. However, once people have been drinking, they are not in control of their own behavior.
- When alcohol-impaired drivers are unable to take care of themselves, it's up to those around them - particularly the people who are providing the alcohol.

Video film: (20 minutes) Show the video presentation.

Discussion: (20 minutes) Lead a discussion of the following, using the prompting questions given whenever it is necessary to stimulate discussion:

Host Responsibility- If you give parties where alcohol is served, how responsible do you think you are for:

Making sure guests don't get too drunk to drive?

Keeping impaired guests from getting behind the wheel?

Preventing Impairment - What do you usually do to keep guests from getting drunk?

Control of alcohol?

Food?

Activities?

How far do you go in keeping impaired guests from:

Getting any more alcohol?

Getting behind the wheel?

Role-Playing: (25 minutes) Please follow the instructions, procedures and scenarios on the attached pages.

Summary: (5 minutes) Summarize the material covered, emphasizing the importance of taking responsibility for the welfare of their guests. What might seem difficult at the start, once tried, can become comfortable. Thank everyone for participating.

ROLE PLAYING

What it is

If you're involved with training people, you are probably already familiar with role playing. If not, let's take a minute to see what it is.

Role playing is a training technique particularly useful in teaching skills involving human behavior. It allows people to put into action behavioral skills recently taught to them. It gets its effectiveness by immersing people in what quickly becomes a real situation requiring those particular skills. The players learn by playing the roles while the audience learns through watching. Realism is generated by the fact that the players have no script to guide them -- they make up the dialogue as they go along. Rather than trying to remember lines, they get involved in trying to deal effectively with a behavioral problem. Their efforts, the reactions of the audience, and your guidance as a Moderator can combine to create a learning situation that can surpass the usual "now-I-told-you-and-now-you-know-how" case.

Procedures

- o Be sure to run at least three exercises covering the situations described in the scenarios. Run as many exercises as time permits.
- o Start with some of the more outgoing participants - those who were the biggest talkers during the discussion.
- o Have participants take turns playing the roles of host, drinker and guest.
- o Make sure participants play each scene as realistically as possible. Drinkers should not make it easy for the hosts.
- o Confine each exercise to about five minutes. Don't let any one exercise drag on.
- o Stress the importance of maintaining a serious attitude toward the exercises. The purpose is to enable the participants to gain skill and confidence in handling tough situations. This won't happen unless they take the exercises seriously.
- o Follow each exercise with a discussion in which participants comment upon the situation, how well the host handled it and alternative ways of doing things. Specific critique items are listed below just before the scenarios.
- o If a participant suggests a promising alternative, go along with it.
- o Try to see that everybody participates in one way or another. Draw out the more quiet participants during the discussion.
- o Stress that there is no one "right" way to handle a situation. The purpose of the exercises is to allow everyone to share ideas.

Critique

After each role-playing exercise, point out things that the host did well and ways in which the intervention might have been improved:

Was the best form of intervention employed?

What are some of the alternative approaches which would have been acceptable?

Did the host do everything possible to keep the intoxicated guest from driving drunk?

How realistic or workable would the intervention be under normal circumstances?

SCENARIOS:

1. CUTTING HIM OFF

Scene: A guest has had too much to drink and is about to pour another drink

Characters: Host, Guest

Task: To sell an alternative - food, coffee - but no more booze.

Critique

2. BOMBED HUSBAND WANTS TO DRIVE

Scene: A guest has had too much to drink and is about to leave. His wife wants to drive, but he won't let her.

Characters: Host, Impaired husband, Sober wife

Task: To get the keys in the wife's hands.

Critique

3. THE LONE GUY

Scene: An impaired male guest is by himself and ready to leave.

Characters: Host, Impaired guy, Other guests

Task: Persuade him to stick around for a while until he is sober enough to drive home.

Critique

4. AN IMPAIRED LADY

Scene: An impaired female has arrived by herself and wants to drive home.

Characters: Host, Impaired lady, Sober couple

Task: Get her to accept a ride with a sober couple who have offered to take her home.

Critique

A LITTLE BACKGROUND ON ALCOHOL

To understand how alcohol affects driving ability, it's important to look at what alcohol is, how it's processed by the body, and the factors which influence its absorption.

What Alcohol is...

The principal ingredient in alcoholic beverages is "ethyl" alcohol, more commonly referred to as ethanol, or just plain alcohol. Ethanol is part of a family of chemical compounds called monohydric alcohols. It's soluble in water, and has a higher boiling point than water.

Alcohol is a drug, a depressant, affecting the entire nervous system, like ether or chloroform does. In spite of the initial surge of energy it gives, alcohol is not a stimulant. If the drinker continues to consume it, he or she may fall into a stupor and eventually into a coma. If the coma persists for more than 10 hours, the person usually dies from asphyxiation due to paralysis of the brain's respiratory center.

Regardless of whether one drinks beer, wine or distilled spirits, the chief components remain ethanol and water. The typical drink contains about 3/4 of an ounce of alcohol whether it's contained in 1-1/2 ounces of 100-proof alcohol, a glass of 20-proof wine, or a pint of 4.5-proof beer.

The Process...

When alcohol is ingested, a small amount, some 5 percent, enters the bloodstream directly through the mouth and throat tissues. But the largest percentage, some 80 percent, of the alcohol is absorbed by the small intestine after the substance has passed through the stomach. When there is food in the stomach, alcohol passes into the small intestine at a much slower rate than when alcohol is ingested alone. If the stomach is full, within 20 minutes, 30-40% of the alcohol will be absorbed. But if it's empty, the alcohol quickly passes through the pyloric valve into the small intestine and on into the bloodstream.

The body absorbs alcohol through the process of diffusion. Once ingested, alcohol quickly passes through the gastrointestinal tract and is carried by the bloodstream to all parts of the body, brain included. Alcohol distributes itself throughout organs and tissue in proportion to their fluid content. It concentrates more quickly in organs with large blood supplies like the brain and the liver.

After just one drink, one's blood alcohol concentration quickly rises to a peak as the alcohol's being absorbed, then flattens into a plateau as it's being eliminated. The curve stays this way so long as alcohol's being ingested at the same rate it's being eliminated.

Because alcohol cannot be stored in the tissues, less than 10% is eliminated by the kidneys, lungs, and skin. Two to 5% is excreted virtually unchanged in urine, breath, and sweat. The liver eliminates the other 90% through the process of oxidation. The liver contains the majority of the

enzymes necessary for alcohol's oxidation but because alcohol, unlike other major sources of calories, cannot be stored, it must be metabolized before all other foods. But the liver can only oxidize a limited amount of alcohol per minute.

For the most part, alcohol is eliminated at about .015% per hour. Roughly speaking, the average person eliminates one drink per hour. Nothing can speed up this process.

Factors in Intoxication

Alcohol causes physical and emotional changes because of its effects on the brain. How quickly it does so depends on several factors, one of which is the size or weight of the individual consumer.

Weight

A heavier person has more blood and water in his system than does a lighter person so that a given amount of alcohol will be more diluted in a heavy body than it would be in a lighter one. The greater the concentration of alcohol in the bloodstream, the greater its effects--the more diluted it becomes, the weaker it becomes.

Body Tissue

Alcohol distributes itself throughout the water of the body. The two main components of the body -- fat and muscle -- differ significantly in their water content. Muscle or lean tissue is about 72% water; fat, on the other hand, is only 10 to 30% water. These facts have meaning when it comes to how one's body handles alcohol. For example, women have, on the average, a higher percentage of their body weight as fat, which means they have less total body water than a male of similar weight. Less body water, in this case, means less dilution of the alcohol ingested, i.e., a higher BAC. Given a male and female of equal weight, the female will have a BAC equal to that of the male on only 85% as much alcohol.

Food Consumption

Another important factor in alcohol's absorption is the absence or presence of food in the stomach. Food can slow down the absorption of alcohol, close the pyloric valve and keep the alcohol from quickly moving from the stomach to the small intestine. On an empty stomach, alcohol can reach the brain in a few minutes, but after a complete meal, it can take up to six hours for all of the alcohol to be absorbed. The time it takes depends upon the kind of food ingested before or with the alcohol, and how quickly it's digested.

Some foods are more effective in slowing down the absorption of alcohol. In general, foods high in carbohydrates are the most effective, followed by protein-rich foods, with foods high in fat being the least effective. Mixing alcohol with carbonated beverages also makes a difference in the rate of absorption. Carbonated beverages tend to more quickly open the pyloric valve, sending the alcohol through the small intestine and into the blood stream.

Mood

Alcohol's impact can be significantly affected by the individual's frame of mind. It usually accentuates the drinker's mood. If one's depressed, a drink or two may have the same effect as three or four would normally have.

Whereas, if the drinker is feeling good, alcohol often enhances those feelings of self worth. Fatigue can also be a factor in alcohol's impact. On little sleep, alcohol's effects are magnified.

Physical State

The drinker's state of health is also a factor. An active person is less affected by alcohol than someone who gets little or no exercise. An active individual tends to have more lean body mass than a sedentary person, and thus more water with which to dilute the alcohol. When the sedentary person drinks, most of the alcohol winds up in the bloodstream because it has nowhere else to go.

Tolerance

Experience with alcohol is key. An inexperienced drinker tends to feel alcohol's effects more quickly, and often more severely, than an experienced drinker. As a result of prolonged regular drinking, the liver becomes more efficient at metabolizing alcohol. In addition, some brain cells become less sensitive to the effects of alcohol. As a result, the experienced drinker develops a certain tolerance to alcohol's effects. He or she needs progressively more alcohol to produce the same mood altering effects experienced in earlier stages of drinking.

Amount

Obviously, how much alcohol an individual drinks, and how quickly, has a great impact on how affected he becomes. The more a person drinks, the more alcohol accumulates in the bloodstream. If more is consumed than can be eliminated, the rest concentrates in the bloodstream. The more that accumulates, the greater its effect on the drinker. An average 150-pound person consuming five drinks of 80-proof alcohol over an hour on an empty stomach would have a BAC of .10. If he continues to drink just one additional drink per hour, he would either maintain or increase his BAC.

Alcohol's Effect on behavior

Alcohol progressively affects behavior from inhibitions to judgment to reactions to coordination.

The first sizable changes in mood and behavior occur at a BAC of 0.05--or one part alcohol to 2,000 parts blood. At this level, judgment, restraint and thought may be affected. A 150-lb man can reach this BAC after having just two drinks in succession.

Signs that alcohol has impaired judgment include customers losing track of how much they've had, ordering doubles, becoming careless with money on the bar or on the table. They may buy a round for total strangers, or make irrational or nonsensical statements. Some drinkers become argumentative and agitated.

After about three or four drinks, at a BAC of around .06 to .08%, reactions become depressed. People seem less aware of what's happening around them. They may let a cigarette burn in an ashtray, forgetting to smoke it, or light a second one when they've not yet finished the first. They may have trouble lighting a cigarette at all.

Often at this stage, people look glassy eyed, they have trouble focusing and no longer use eye contact when speaking to others. Some people look tired, and lose their train of thought. Sometimes, their speech patterns change or they slur their speech.

At BACs of 0.10 and above, more functions of the brain are impaired. At 1 part alcohol to 1,000 parts blood, voluntary motor action is affected. Sometimes, hand and arm movement is distorted, walking shaky, and speech clumsy. Evidence of impaired coordination can be seen in problems picking up change from the table, spilling drinks, or difficulty finding the mouth with the glass. Often people slump in their chairs, sway, or doze altogether. They may seem clumsy, stumble and/or use their arms as outriggers. Often they have difficulty clearing objects in their path and may fall as a result of reacting too slowly to sudden movement. At a BAC of 0.20 or one part alcohol to 500 parts blood, the entire motor area of the brain becomes measurably impaired. The center which guides emotional behavior is also affected and people may become easily angry, weepy or loud.

APPENDIX B
SOCIAL HOST SCRIPT

SCENE 1

(SFX - Telephone ring)

Margie

Hello.

Beth

Margie, this is Beth. Did I wake you up?

Margie

No. We just finished cleaning up. Is anything wrong?

Beth

Well, on the way home, we passed by a bad smash-up, just where Homestead Boulevard feeds onto Route 30.

Margie

Yes?

Beth

Dave said, "That looks like George's car." We pulled off and went back and, sure enough, it was.

Margie

Oh, no! Are they alright?

Beth

Yes, I guess so, but they said George was drunk and took him off to the police station. Martha came home with us.

Tom

What is it?

Super Graphic: "The Life of the Party" over a phone. Then add: "Keep It Alive".

C.U. Margie

We hear Beth over the telephone

C.U. Beth

We hear Margie over the phone

We hear Beth over the phone

Tom enters picture

Margie

It's George and Martha -- they've been in a wreck. (to Beth:) You say they weren't hurt?

Beth

No, but the car they hit had two teenagers in it. One of them -- a girl -- must have been hurt pretty bad. They took her away in an ambulance.

C.U. Beth

SCENE 2-1

Margie

(to camera with Tom alongside)
I'll never forget that night. We kind of thought that George was too far gone to drive.

Margie and Tom attired differently, in casual clothes. Living room is background.

Tom

Since then, we've learned a lot about the consequences of alcohol-impaired driving. We've learned that in the average year, over 700,000 injuries occur across the country as a result of alcohol-related crashes -- over 20,000 people die in them.

In the next section, the video is taken from "Responsible Alcohol Service", except for a chart showing the relation of BAC to crash likelihood.

SCENE 3-1

Tom

For Americans under the age of 35, such crashes are the leading cause of death and injury.

And for adult pedestrians killed in accidents, alcohol is a factor half of the time.

Statistics clearly show that alcohol is the leading factor in fatal crashes, and it's easy to see why.

Alcohol is a drug, a depressant that anesthetizes the nervous system in the same way that ether or chloroform does. In spite of the initial surge of energy it gives, alcohol is not a stimulant. More sooner, than later, it depresses all bodily functions.

And it does so particularly well when there's no food in the stomach. On an empty stomach, alcohol passes immediately into the intestine and is absorbed into the bloodstream. Within minutes, alcohol reaches all of the body's organs, concentrating in those with the largest blood supply, most importantly, the liver and the brain.

Though some alcohol is eliminated through the breath and skin, the liver metabolizes the largest percentage of blood alcohol. No matter how quickly you may drink, the liver can only metabolize about 1/2 ounce of alcohol, or one drink, per hour. The rest accumulates in the bloodstream and is called the Blood Alcohol Concentration, or BAC.

BAC represents the percentage of the bloodstream composed of alcohol.

For example, in most States, the legal blood alcohol limit is .1%, that is, one drop of alcohol for every 1,000 drops of blood. For the average person, it takes about 4 drinks in the system to reach this level. A small person can do so with as little as 3 drinks in his system.

But it doesn't take much to impair a person's driving ability. With about 1 or 2 drinks in the system, at a BAC of .02 to .04, judgment declines. Drivers take chances they might not take otherwise.

With 2 or 3 drinks in their systems, at a BAC of .05 to .08, they may drive erratically.

With 3 or 4 drinks, at a BAC of .08 to .10, drivers are intoxicated.

By now, judgment and reaction time are shot. Drivers see poorly and have a hard time controlling the car. They can't judge clearance or the speed of other cars very well.

Each increase in BAC raises the chances of an accident. You can see from this chart that a driver with a BAC of .10 is six times as likely to cause an accident as someone with a BAC of 0. At a BAC of .15, he is 25 times as likely to cause an accident.

This is why the law is so tough on intoxicated drivers. Those who are convicted face fines of several hundred dollars, over a thousand dollars in insurance premiums, and another thousand in legal fees. Almost all of them lose their licenses and some even go to jail--all for just a first offense!

That probably sounds a little steep. I know it did to me, until I learned how much grief is caused by intoxicated drivers, and how many of them there are on the road; between 10 p.m. and 2 a.m., one in 10 drivers is intoxicated--and over a third of them have been drinking in someone else's house--at parties like the one we had.

SCENE 2-1 (continued)

Tom and I still haven't gotten over the shock of that night. The young girl was on crutches for six months, and still isn't completely okay. At first, we convinced ourselves it wasn't our fault. George was old enough to take care of himself -- nobody forced him to drink. But the more we thought about it, the more we realized that we were also responsible. After all, we were sober.

C.U. Margie

SCENE 2-2

Tom

We could see that George was in no condition to drive; he couldn't -- he was too far gone to realize it. We just stood there and let him drive away. And a young girl, who had the misfortune of being on the road at the same time as George, ended up getting badly hurt.

We're just lucky nobody was killed, or crippled for life.

I'm not saying the people who do the drinking shouldn't be held responsible, too. They should be. George's DWI conviction cost him over \$3,000, plus the inconvenience of being without a license for three months.

The problem is that when people have had too much to drink, they're just not in a position to act responsibly. When that happens, it's up to others to act.

There are four things people can do to see that no one leaves a party too impaired to drive safely:

1. CONTROL DRINKING
2. SPOT IMPAIRMENT
3. PREVENT INTOXICATION
4. PREVENT IMPAIRED DRIVING

We see Margie and Tom talking to a drunk George. George is starting to leave.

We see George walk out the door.

Back to Tom and Margie on camera.

Cumulative graphic slide
(not supered)

Margie

By far the best way to handle the situation is by keeping guests from having too much to drink in the first place. I mean, they are there to have a good time -- and getting intoxicated and endangering others is not a good time.

SCENE 4-1

Margie

One way to keep people from drinking too much is by giving them something else to do --

like eat.

Lucy

Have you tried this spiced shrimp?
It's fabulous!

Sam

I'll tell you, Margie and Tom really know how to put out a good spread.

Tom

Ever had anyone rave about your bourbon-and-water?

Food won't keep alcohol from getting into the bloodstream. But it does slow down the rate at which alcohol is absorbed. That keeps people from getting hit too fast by alcohol and losing control before they realize what's happened.

High protein foods like shrimp or cheese are the best at keeping alcohol from being absorbed too quickly.

Another alternative to alcohol is low-alcohol or non-alcoholic drinks.

There's no doubt about it, people are drinking less these days. Sales of alcohol have been dropping off consistently over the last several years. One reason may be that people have been becoming weight-conscious. The less alcohol in a drink, the fewer calories.

Keep "1. CONTROL DRINKING" superimposed over a small group of people.

Come in on Lucy with a small plate of food.

Add graphic: "Food"

Lucy and Sam speaking on camera.

Scene continues with Tom doing a voice-over.

Show high protein foods

Super graphic:
"Lo/No-Alcohol Drinks" over C.U. of somebody pouring soft drink.

Back off to a scene of people drinking. Zoom in on each of the people drinking.

Tom

This martini tops off at over 200 calories. He could stuff himself at the hors d'oeuvres table and consume fewer calories than the three martinis he's had already.

This glass of wine is about 150 calories, the same as this can of beer. However, this lite beer, with less alcohol, has only about 100 calories. This low-alcohol beer has only 45 calories.

For the really weight-conscious, there's nothing like a diet soft drink with only one calorie.

Margie

Of course, avoiding calories isn't the whole thing. A lot of people don't drink simply because they don't want to. And more and more people are finding they can have a good time without it. So we always have plenty of soft drinks, iced tea, and coffee.

Providing food and non-alcoholic drinks sure helps to keep guests from getting tanked.

It also helps to give them something to do other than engage in meaningless small talk.

Mike

Hi, I'm Mike.

Trudy

Trudy.

Mike

(hesitantly) What, ah, do you do when you're not, ah, I mean, where do you work?

Trudy

I'm a commercial loan officer for Central Bank and Trust. How about yourself?

We see a martini in the hands of a somewhat chubby person.

C.U., in order, people holding the following:

5 oz glass of wine
12 oz can of regular beer
12 oz can of lite beer
12 oz can of low-alcohol beer

C.U. of diet drink

Show people drinking soft drinks.

Same party. We see Mike and Trudy -- classic Yuppies.

Super Graphic: "Activity"

On camera. Close up of Mike and Trudy. They're obviously somewhat nervous.

Margie

He'll tell her, and then he'll ask what her sign is, and she'll ask what his hobbies are. Meanwhile, they keep nervously sipping on drinks.

We try to see that there's always something for people to do. Like singing --

Or dancing. Activities not only make the party more interesting, but they make it easier for people to meet one another.

Super Bowl - World Series - Academy Awards - All good excuses for a party.

People can talk if they want to.

However, if anyone gets tired of it, or doesn't have anything to contribute, there's always something to do.

Sometimes we have organized games. Usually, though, we just set them out and let them organize themselves.

SCENE 5

One of our favorite ways to entertain is a dinner party. There's something about sitting around a dinner table that makes for relaxed, easy conversation.

Hank

Then old Tom here -- does he wait for the train to go by? No-o-o-o! He knows a shortcut! So, off we go on this 30-mile detour, uphill, down --

Margie

Have a long leisurely dinner, a cocktail before, a little wine with, and nobody gets intoxicated.

Herb

Jeez, it's one o'clock! Where's the evening gone?

We see them continuing to talk, each sips nervously on his drink.

Cut to scene of people sitting around a guitar player singing.

Cut to dancing scene. We see a man ask a woman to dance.

We see people watching a TV set and hear a sports announcer.

Pan to a group standing nearby talking.

Follow one onlooker from discussion group to TV group.

We see Trudy and Mike playing backgammon as several people stand around kibitzing.

Scene shifts to candlelight dinner.

Close up of Hank.

Continue shot of dinner table, people drinking coffee. Margie's voice over.

Helen

Marge, what a really nice evening.

(Everyone agrees)

Margie

That's great to hear. But what's even greater is knowing that everyone had a good time without becoming impaired by alcohol.

SCENE 4-2

Margie

Okay, on to the second major step in keeping the life of the party alive -- spotting people who actually do get impaired.

Most people don't have trouble spotting drunkenness, particularly obnoxious or rowdy behavior. By then, it's too late. You need to be able to tell as soon as they become impaired. That way, you can begin to intervene by steering them toward the food, or diluting their drinks.

Margie

The best way to tell if someone is impaired is by counting drinks.

By a drink, I mean one 12-oz can of beer, a 5-oz glass of wine, or a mixed drink with an ounce and a half of 80-proof liquor in it. All these drinks have about a half-ounce of alcohol in them. Incidentally, I shy away from liquor with more than 80-proof so that people don't get any more alcohol than they expect.

Remember what we said a few minutes ago--that the body eliminates about one drink an hour. If you know how many drinks people have consumed, then all you have to do is subtract the number of hours they've been drinking. That'll tell you how many drinks they still have in their system. And, the number of drinks in their system will tell you how impaired they are.

Graphic:

1. CONTROL DRINKING
2. SPOT IMPAIRMENT

We see Ted slapping somebody on the back. Obviously, they don't enjoy it. Margie comes over to talk with him.

Continue scene. Super graphic: COUNT DRINKS.

Show in sequence against a colored background: a beer, a 5-oz glass of wine, and a shot of liquor, then all three of them together.

The camera is Tom's eyes. We see Herb taking a drink.

Pan down to a wrist-watch and that will show you how many drinks are still in the system.

Pan back to Herb

Margie

Try this one. Herb's just polished off his fourth drink and is on his way back to the bar.

He's been here two hours.

How many drinks does he have in his system?

"Two," that's right. Subtract 2 hours from four drinks and that leaves two drinks.

Just remember:

The number of drinks consumed minus the number of hours drinking equals the number of drinks in the system.

Most people become really impaired with 3 drinks in their systems. They may not be intoxicated yet, but one more drink and they will be.

People who are light -- say, 130 lbs or less, will be impaired with as few as 2 drinks in their systems.

Tom

Of course, you can't count drinks if someone else is making them.

Marge and I take turns bartending. That way, we know how much people are getting and can see when they've had too much. Sure, people are free to help themselves, but we try to do as much of the serving as we can.

Second, when we make mixed drinks, we measure. One drink means 1-1/2 ounces of alcohol. Some guests tend to get rather heavy-handed when they've had a little to drink. Providing a measure can keep them from getting more than they really want.

Of course, some drinks call for more than one shot -- Martinis, Manhattans, or Black Russians. However you mix them, just remember that each shot counts as a drink.

We see Herb going back to the bar. We freeze on him at the bar and superimpose the following graphic:

Cumulative graphic:

"Number of Drinks - 4"

"Number of Hours - 2"

"Drinks in System - ?"

Total graphic:

Number of drinks 4

Minus number of hours -2

Equals drinks in system 2

Graphic: Drinks consumed minus hours drinking equals drinks left

Show a male of moderate build.

Then pan to a woman

We see Tom tending bar.

We see Tom using a jigger to mix a drink.

We see Tom pouring two jiggers of gin and one of vermouth into a beaker and mixing it.

Super graphic:

Each shot = 1 drink

Margie

Unfortunately, you can't always keep track of drinks. And, some of your guests may have imbibed before they arrived. So, Tom and I make it a practice of keeping an eye on our guests to watch for signs of impairment.

First, we look for physical signs. Like having flushed or sweaty face, or bloodshot or glassy eyes.

Some physical signs we can hear better than see, such as someone complaining about being dizzy or numb, feeling very tired, having a headache, or being sick to his stomach.

Next, there are mental signs. Like people forgetting things or losing track of what's going on around them.

Sally

Where's my purse -- I've lost my purse.

Margie

Or they may start repeating themselves.

Hank

The trouble with you is -- you know, you know what the trouble with you is -- the trouble--

Margie

Some mental signs are emotional, such as being extremely happy -- or extremely sad -- or giggling or crying for no apparent reason. Some people are extremely confident, others are aggressive, or hostile. All signs of alcohol's effects.

Tom

Some of the easiest signs to read are the social signs, the way your guests act toward each other or toward you. One sign is when otherwise nice people become insulting.

Show Tom and Margie mingling with guests. Superimpose: "SPOT IMPAIRMENT"
Count drinks
Watch for signs

Show somebody with a flushed or sweaty face. Super: "Physical Signs"

Show someone complaining about a headache (but we don't actually hear them speak).

Super: "Mental Signs". Show Sally with her purse tucked under her arm, looking around for something.

Sally's voice on camera.

Show Hank talking heatedly with someone.

Show somebody sitting by themselves, giggling.

Super: "Social Signs." We see Ethel talking to someone else.

Ethel

And when Bob told me he was going to get a haircut, I said, "Why don't you splurge and get 'em both cut?" (laughing to herself. Bob: very funny, Ethel, very --)

Tom

Another sign is lecturing people or being domineering.

Or responding inappropriately, like laughing at someone else's misfortunes.

Or revealing very personal matters.

And another --

Mike

Say, did anyone ever tell you you've got a really dynamite --

Tom

Or turning on the "charm" when it isn't appreciated.

Margie

Finally, we look for signs of impairment in people's coordination. We look at the way they take out a cigarette and light it.

We look for people who bump into things or drop things,

or have to use the hands as outriggers.

Margie

All these signs of impairment -- the physical, mental, social, and coordination -- are all signs that people have had enough.

SCENE 4-3

Tom

When people first start showing signs of impairment, it's our job to see that they don't drink any more.

Ethel runs her hand over Bob's balding head. She is amused with herself. Bob definitely isn't.

Ted is lecturing someone.

Hank has spilled his drink on someone and is laughing.

Sally talking behind her hand.

Mike is talking to Trudy.

Freeze. Trudy flashes a pained expression.

Wipe to scene of someone having difficulty lighting a cigarette. Super: "Coordination."

Someone bumping into table.

Someone using hands as outriggers.

Quick flashbacks of signs.

Long shot of party scene.

Super:

1. CONTROL DRINKING
2. SPOT IMPAIRMENT
3. PREVENT INTOXICATION

Tom

If they're not too far along, we may not cut them off, but we do try to slow down the rate at which they're drinking.

One way to do this is by actively pushing food.

Margie

Come on, Bob, try one of these -- I slaved all afternoon over these.

Bob

Margie, you temptress!

Tom

And here's something non-alcoholic.

Would you care for a little more ice?

Sally

Oh, yes, thank you.

Tom

It's all you need to freshen a wilted drink.

If they ask for a drink and they're still okay, you know--just feeling good--I'll make them one. But, I mix it weak. I add the alcohol last, and just float a little bit of it on top. Most people will think they're getting more, rather than less.

Sometimes this doesn't work and you have to cut someone off.

Tom

Hey, Ted, you've got enough altitude. Why not just glide for a while.

Super:

"PREVENT INTOXICATION"
"Slow the Flow"

We see Margie walking over to where Herb is talking animatedly and holding a plate in front of him.

Closeup of Margie offering food

Closeup of ice cube and ice tongs

Draw back a little to see ice cube positioned over glass

Keep focused on glass, but we hear Sally's voice.

We see cube drop into glass

We see Tom's hands making a drink and floating a little alcohol on top.

We see Ted walking with a drink in his hand. He bumps into someone and spills the drink. Super:

"PREVENT INTOXICATION"

"Slow the Flow"

"Cut 'em off"

Last line is highlighted

Ted

What? Oh, c'mon, Tom, -- I'm not drunk.

Tom

I know you're not, but one more drink and you will be.

Ted

Naw, I'm just beginning to feel good.

Margie

One more drink and you just won't be Ted any more. We like you just the way you are, and we'd kinda like you to stick around for a while.

Ted

C'mon, Margie -- just one more.

Margie

Okay, Ted, you can have one more. But not right now. Just take this glass of tonic and nurse it for a while.

Ted

But, I'm alright--really.

Margie

I'm sure you feel alright--but you don't look alright and you don't sound alright.

Ted

Aw, Margie.

Margie

Look, Ted, I really want to enjoy this party, and I can't enjoy it if I'm worried about you. Just humor me, okay?

Sometimes you just have to be firm and take control. There's no point in asking things like, "Don't you think you've had enough?" They never think they've had enough. Just remember, it's your house, your alcohol, and you are in charge.

We see Margie hand Ted a tray of food. He goes off and starts handing it out.

Margie

Some people can be really insistent. So can we. Generally, the more insistent people are, the more impaired they are.

SCENE 4-4

Usually, by controlling drinking, spotting signs of impairment early, and taking steps to eliminate impairment, you can keep this from happening.

Unfortunately, some people manage to slip through. One minute they're fine; the next, they're intoxicated. Once that happens, it's the host's duty to see that they don't get behind the wheel of a car.

That can be harder to do than cutting people off. It may be my alcohol, but it's their car. They are always alright to drive. They've done it hundreds of times before. Those are the same things that George said the night he had his accident. We accepted it, and an innocent girl paid the price. We simply won't let anyone who's had too much to drink at our house get behind the wheel of a car.

Hank

Look, I'm perfectly okay to drive. I've done it hundreds of times before.

Margie

See what I mean?

But, Hank, you might get stopped. And you'd never pass a breath test.

Hank

I won't get stopped. I'll be very careful.

Herb

But you might run into a sobriety checkpoint. Or somebody could run into you. Why take the chance?

We see Hank quite drunk.

Super Graphic:

1. CONTROL DRINKING
2. SPOT IMPAIRMENT
3. PREVENT INTOXICATION
4. PREVENT IMPAIRED DRIVING

Highlight the last line.

People are trying to reason with Hank.

Margie joins scene.

This scene is live on camera.

Hank

Look, I drove the car here, and I'll drive it home.

Tom

But, Herb and Helen go right by your place, they'd be happy to drop you off.

Helen

Really, Hank, it'd be no trouble at all.

Hank

No, thanks, I want my car with me. I don't want to come back for it.

Herb

Tell you what, I'll take you home in your car, and Helen can pick me up.

Hank

Enough of this talk. I'm leaving.

Tom

Well, you can try, but I don't think you'll make it.

Tom comes back into the scene accompanied by Sam.

Hank

What do you mean by that?

Tom

Sam and I have your car pretty well boxed in. You won't be able to leave till we do, and that's likely to be a long time. You've got your choice. You can go home with Helen or you can crash for a while in the spare room.

Hank

Fine bunch of friends you are. A guy has a couple of drinks, and you'll lock up his car.

Tom

In the morning, he'll realize what a good bunch of friends he has, if he decides to think about it.

Zoom in on door which starts to open.

Tom

When I invite friends who like to drink, I'll try to arrange for them to come with someone I know who will stay sober.

Or, I might suggest that they plan to stay the night, particularly if they've got a long drive. People are usually more agreeable to arrangements like these before the party starts than they are later on.

SCENE 2-3

Margie

There's more to being a good host than simply putting out food and booze. A good host makes sure that people have a good time. And a good time isn't getting blitzed to the point of endangering yourself and everyone else.

Tom

Hey, Mommie, the baby wants to know where you can get a drink around here.

I admit, I used to think I wasn't really throwing a party unless a few people got tanked. But then, I began to think about the really great parties I had been to, and what made them great. It was the party itself -- the people, the conversation, the things we did. It certainly wasn't getting intoxicated. That's no fun for anyone. I mean, how long has it been since someone called you up the next day to tell you how much they enjoyed getting sick at your party.

The "life of the party" isn't one guy getting smashed. It's everyone having a good time.

Margie

And keeping it alive is the responsibility that hosts accept when they have a party. They can keep it alive by controlling drinking--by means of food, non-alcoholic beverages, and activities.

By spotting impaired guests, by counting drinks and watching for signs of impairment.

Same door, but it now closes. We zoom out and it is Bob and Ethel arriving with Ted.

We see Margie rinsing dishes and putting them in the dishwasher, obviously cleaning up.

Tom comes into the kitchen carrying a small child.

Margie gives the child a glass of water.

And we cut to Tom (so we don't see the child throw the water on the floor).

Graphic: "The Life of the Party"

Add: "Keep it alive."

Graphic: "Control Drinking" over shot of people eating.

Graphic: "Spot Impairment" over shot of obviously impaired person.

Tom

Preventing intoxication by keeping impaired guests from drinking any more.

Margie

And, finally, keeping impaired guests from driving -- by whatever means possible.

The idea that there are impaired drivers on the road really worries me, particularly late at night when Tom and I are coming home from a party. I know there's not a whole lot I can do to get them off the road. But, I sure don't have to be one of the people that puts them out there.

And you can't beat the peace of mind that comes with knowing your friends will get to their homes safe and sound -- and you won't find yourself lying awake wondering if the phone is going to ring.

Graphic: "Prevent Intoxication" over shot of Margie refusing Mike a drink.

Graphic: "Prevent Impaired Driving" over shot of everyone arguing with Hank.

Back to Tom and Margie holding child.

Pan to phone and roll the credits over the phone (which does not ring).

APPENDIX C - EVALUATION MEASURES

WHAT DO YOU KNOW

The following questions deal with facts about drinking and driving. There is one correct answer to each question. Please answer each question as best you can.

1. Alcohol is a factor in how many traffic deaths every year?
 - a. 12,000
 - b. 20,000
 - c. 50,000

2. What percentage of highway deaths are alcohol-related?
 - a. One third
 - b. One half
 - c. Two thirds

3. For adults of average size, about how many drinks in the bloodstream does it take to reach a BAC of .10%?
 - a. 4
 - b. 5
 - c. 6

4. Between 10 PM and 2 AM, approximately how many drivers on the road are intoxicated?
 - a. 1 in 10
 - b. 1 in 20
 - c. 1 in 100

5. The driving of most people is not affected until after:
 - a. Two drinks
 - b. Four drinks
 - c. Six drinks

WHAT DO YOU THINK?

The following questions are matters of opinion. There is no correct answer to each question. Select the answer that comes closest to your opinion. Please be sure to answer every question.

1. People should stop drinking:
 - a. Before they feel the effects of alcohol
 - b. As soon as they feel the effects of alcohol
 - c. Before they get drunk
 - d. As soon as they get drunk
2. People cannot drive safely if they have had:
 - a. Anything alcoholic to drink
 - b. One or two drinks
 - c. Three or four drinks
 - d. Four or five drinks
3. Pushing food to keep guests from drinking too much:
 - a. Is very effective
 - b. Works sometimes
 - c. Is a waste of time
 - d. Aggravates guests
4. Cutting off alcohol to a friend who has had too much to drink:
 - a. Is a good way to keep a friend
 - b. Probably has no effect on a friendship
 - c. Will have an effect on a friendship
 - d. Is a good way to lose a friend
5. Trying to get guests involved in other activities in order to slow down their drinking:
 - a. Is always effective
 - b. Is usually effective
 - c. Is sometimes effective
 - d. Is a waste of time

6. The idea that an impaired friend could be killed in a crash is something that hosts of parties:
 - a. Should think about all the time
 - b. Should think about a lot
 - c. Should think about occasionally
 - d. Don't have to worry about
7. If a guest gets drunk at a party and causes an accident, who should be held responsible?
 - a. The host
 - b. The host and the guest
 - c. The guest
 - d. Nobody
8. Guests who seem to be drinking too much should:
 - a. Be stopped before they get drunk
 - b. Be discouraged from getting drunk
 - c. Be watched in case they get drunk
 - d. Be left alone until they get drunk
9. Parties where people stay sober are generally:
 - a. Much more fun than parties where people drink a lot
 - b. A little more fun than parties where people drink a lot
 - c. About as much fun as parties where people drink a lot
 - d. Not as much fun as parties where people drink a lot
10. In the long run, hosts who discourage their guests from getting drunk will be:
 - a. Much more popular than those who let them get drunk
 - b. A little more popular than those who let them get drunk
 - c. About as popular as those who let them get drunk
 - d. Not as popular as those who let them get drunk

WHAT DO YOU DO?

The following questions deal with your own behaviors. For each situation, describe what you do. If the situation has not arisen, describe what you would do. If the question simply does not apply to you, then circle the letter "e. not applicable."

1. How often do you throw parties at which people drink alcohol?
 - a. Never
 - b. Very rarely
 - c. Occasionally
 - d. Frequently
 - e. Not applicable
2. Generally speaking, how much alcohol do you supply for your parties?
 - a. None
 - b. Enough for those who didn't bring any
 - c. Enough so everyone can have some
 - d. Enough so everyone can have all they want
 - e. Not applicable
3. How often do you have organized activities (e.g., games) at your parties?
 - a. Never
 - b. Sometimes
 - c. Often
 - d. All the time
 - e. Not applicable
4. What would you do if a guest at your party had too much to drink and wanted to drive home?
 - a. Nothing
 - b. Ask him not to
 - c. Try to stop him
 - d. Do whatever is necessary to stop him
 - e. Not applicable
5. How often do you arrange to have someone who won't be drinking provide transportation for one or more of your guests?
 - a. Never
 - b. Sometimes
 - c. Often
 - d. All the time
 - e. Not applicable
6. How often have you arranged ahead of time to have a guest stay at your house so that they don't have to drive after drinking?
 - a. Never
 - b. Sometimes
 - c. Often
 - d. All the time
 - e. Not applicable

7. Under what conditions would you let a guest that had had too much to drink spend the night at your house?
 - a. None; I wouldn't let them stay
 - b. Only if there was no way to get them home
 - c. If they asked to stay
 - d. If I felt that they should stay, whether they asked or not
 - e. Not applicable

8. Under what conditions would you offer to drive an intoxicated guest home?
 - a. None; I wouldn't
 - b. Only if they asked me to
 - c. If I thought they were unsafe to drive, whether they asked or not
 - d. Anytime, whether I thought they were unsafe or not
 - e. Not applicable

9. If you have a party at which alcohol is served, how much food are you likely to provide?
 - a. None
 - b. Light snacks (e.g., chips and dip)
 - c. Light meal (e.g., sandwiches)
 - d. Full meal
 - e. Not applicable

10. Under what conditions do you check to see if a guest is becoming intoxicated?
 - a. Never; I don't do it
 - b. Only if I have reason to believe they may be getting intoxicated
 - c. Any time I'm near them and can check conveniently
 - d. Routinely -- I make an effort to check out everyone periodically
 - e. Not applicable

11. At what point would you cut off alcohol to a guest?
 - a. Never; I let them take care of themselves
 - b. When they are obviously too drunk to drive
 - c. When they look like they're beginning to get drunk
 - d. Before they begin to get drunk
 - e. Not applicable

12. Under what conditions would you try to keep someone from driving home?
 - a. If they are drunk
 - b. If they are impaired by alcohol
 - c. If they are in any way affected by alcohol
 - d. If they've had anything alcoholic to drink
 - e. Not applicable

13. At your parties, who generally serves the drinks?

- a. The guests serve themselves entirely
- b. The guests serve most of the drinks
- c. I serve most of the drinks
- d. I serve all of the drinks
- e. Not applicable

14. When you mix drinks for your guests, how often do you measure the alcohol (e.g., use a jigger)?

- a. Never
- b. Seldom
- c. Frequently
- d. All the time
- e. Not applicable

15. Under what conditions do you keep track of how many drinks a guest is having?

- a. Never; I don't do it
- b. If someone is obviously drinking too much
- c. If I have reason to believe someone may drink too much
- d. I try to keep track of everyone's drinks
- e. Not applicable

WHAT DO YOU KNOW?

The following questions deal with facts about drinking and driving. There is one correct answer to each question. Please answer each question as best you can.

1. On an empty stomach, how long does it take for alcohol to reach the brain?
 - a. A few minutes
 - b. A half an hour
 - c. An hour

2. One reason men can generally drink more than women is that:
 - a. They have more experience
 - b. They generally weigh more
 - c. They have different hormones

3. Which type of food is best for slowing the absorption of alcohol?
 - a. High carbohydrate foods
 - b. High protein foods
 - c. High fiber foods

4. An increase in BAC from 0 to .10 increases your likelihood of an accident:
 - a. Two times
 - b. Six times
 - c. Ten times

5. The first driving ability affected by alcohol is:
 - a. Coordination
 - b. Vision
 - c. Judgment

WHAT DO YOU THINK?

The following questions are matters of opinion. There is no correct answer to each question. Select the answer that comes closest to your opinion. Please be sure to answer every question.

1. People should stop drinking:
 - a. Before they feel the effects of alcohol
 - b. As soon as they feel the effects of alcohol
 - c. Before they get drunk
 - d. As soon as they get drunk
2. People cannot drive safely if they have had:
 - a. Anything alcoholic to drink
 - b. One or two drinks
 - c. Three or four drinks
 - d. Four or five drinks
3. Pushing food to keep guests from drinking too much:
 - a. Is very effective
 - b. Works sometimes
 - c. Is a waste of time
 - d. Aggravates guests
4. Cutting off alcohol to a friend who has had too much to drink:
 - a. Is a good way to keep a friend
 - b. Probably has no effect on a friendship
 - c. Will have an effect on a friendship
 - d. Is a good way to lose a friend
5. Trying to get guests involved in other activities in order to slow down their drinking:
 - a. Is always effective
 - b. Is usually effective
 - c. Is sometimes effective
 - d. Is a waste of time

6. The idea that an impaired friend could be killed in a crash is something that hosts of parties:
 - a. Should think about all the time
 - b. Should think about a lot
 - c. Should think about occasionally
 - d. Don't have to worry about
7. If a guest gets drunk at a party and causes an accident, who should be held responsible?
 - a. The host
 - b. The host and the guest
 - c. The guest
 - d. Nobody
8. Guests who seem to be drinking too much should:
 - a. Be stopped before they get drunk
 - b. Be discouraged from getting drunk
 - c. Be watched in case they get drunk
 - d. Be left alone until they get drunk
9. Parties where people stay sober are generally:
 - a. Much more fun than parties where people drink a lot
 - b. A little more fun than parties where people drink a lot
 - c. About as much fun as parties where people drink a lot
 - d. Not as much fun as parties where people drink a lot
10. In the long run, hosts who discourage their guests from getting drunk will be:
 - a. Much more popular than those who let them get drunk
 - b. A little more popular than those who let them get drunk
 - c. About as popular as those who let them get drunk
 - d. Not as popular as those who let them get drunk